

STATE OF COLORADO Leave/Absence Request and Authorization

Any medical information is confidential and must be kept in separate files with limited access.

Name		Employee ID No.																																				
Department & Division		Work #																																				
<p>I understand that leave must be requested and approved in advance, where foreseeable. I understand that I must provide sufficient information so the proper type of leave can be determined. I understand that I am responsible for keeping my supervisor informed of any change in this request. If a medical condition is highly sensitive, <u>immediately</u> contact the agency Family/Medical Leave coordinator directly.</p> <p>I request approval for _____ total hours as listed below. Is the absence due to a work-related illness or injury? No Yes</p> <p>Record dates, times, and number of hours in the blanks before each applicable reason. (More information may be required.)</p> <table style="width: 100%;"><thead><tr><th style="width: 20%;">From</th><th style="width: 20%;">Actual Dates & Times</th><th style="width: 20%;">To</th><th style="width: 20%;"># Hrs.</th><th style="width: 40%;"></th></tr></thead><tbody><tr><td></td><td></td><td></td><td></td><td>Vacation (not related to care/treatment of a medical condition or bonding with a new child)</td></tr><tr><td></td><td></td><td></td><td></td><td>Medical. If not self, relationship</td></tr><tr><td></td><td></td><td></td><td></td><td> Routine eye, medical, dental exam</td></tr><tr><td></td><td></td><td></td><td></td><td> Common illness/injury (no prescribed treatment, e.g., cold, flu)</td></tr><tr><td></td><td></td><td></td><td></td><td> Other Medical (inpatient or continuing treatment, e.g., surgery, Childbirth). Explain reason.</td></tr><tr><td></td><td></td><td></td><td></td><td>Other (Explain reason & relationship, e.g., bonding, funeral, jury, adoption).</td></tr></tbody></table> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Employee Signature _____</div><div>Date _____</div><div>Check Here If Form Amended</div></div>				From	Actual Dates & Times	To	# Hrs.						Vacation (not related to care/treatment of a medical condition or bonding with a new child)					Medical. If not self, relationship					Routine eye, medical, dental exam					Common illness/injury (no prescribed treatment, e.g., cold, flu)					Other Medical (inpatient or continuing treatment, e.g., surgery, Childbirth). Explain reason.					Other (Explain reason & relationship, e.g., bonding, funeral, jury, adoption).
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<p>To Be Completed By Appointing Authority (or designee)</p> <table style="width: 100%;"><tbody><tr><td><input type="checkbox"/> Annual</td><td><input type="checkbox"/> FML - LWOP</td><td><input type="checkbox"/> Jury</td><td><input type="checkbox"/> Military Train</td></tr><tr><td><input type="checkbox"/> Sick</td><td><input type="checkbox"/> FML - STD</td><td><input type="checkbox"/> Administrative</td><td><input type="checkbox"/> Other Specify: _____</td></tr><tr><td><input type="checkbox"/> STD</td><td><input type="checkbox"/> FML - holiday</td><td><input type="checkbox"/> Voluntary Furlough</td><td></td></tr><tr><td><input type="checkbox"/> FML - annual</td><td><input type="checkbox"/> Funeral</td><td><input type="checkbox"/> LWOP</td><td></td></tr><tr><td><input type="checkbox"/> FML - sick</td><td><input type="checkbox"/> Alt. Holiday</td><td><input type="checkbox"/> Military</td><td><input type="checkbox"/> Comp. Time</td></tr></tbody></table> <p>A Medical certification <input type="checkbox"/> is required <input type="checkbox"/> is not required. (Required for more than 3 full consecutive working days.)</p> <p>A Fitness-to-Return certification <input type="checkbox"/> will be <input type="checkbox"/> will not be required before returning to work on a regular basis. (Required for an absence of more than 30 days.)</p> <p>For purposes of family/medical leave designation, I have determined, as the appointing authority or designee, the following. (Mandatory)</p> <ul style="list-style-type: none"><input type="checkbox"/> the employee is not eligible for family/medical leave until _____ (date).<input type="checkbox"/> the employee is eligible but has already used the hours allowed in this fiscal year.<input type="checkbox"/> the event does not qualify for family/medical leave.<input type="checkbox"/> the employee is eligible for family/medical leave AND the event does, or could, qualify for family/medical leave. (The State of Colorado Employer Individual Notice for Family and Medical Leave form must be completed and given to the employee within 2 business days of this request, absent extenuating circumstances.)<input type="checkbox"/> continuation of a previously designated event (continuing treatment or recovery). <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Approved by _____</div><div>Date _____</div></div> <p>Immediate Supervisor or Designee Signature _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Approved by _____</div><div>Date _____</div></div> <p>Appointing Authority, Designee, FML Coordinator Signature _____</p>				<input type="checkbox"/> Annual	<input type="checkbox"/> FML - LWOP	<input type="checkbox"/> Jury	<input type="checkbox"/> Military Train	<input type="checkbox"/> Sick	<input type="checkbox"/> FML - STD	<input type="checkbox"/> Administrative	<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> STD	<input type="checkbox"/> FML - holiday	<input type="checkbox"/> Voluntary Furlough		<input type="checkbox"/> FML - annual	<input type="checkbox"/> Funeral	<input type="checkbox"/> LWOP		<input type="checkbox"/> FML - sick	<input type="checkbox"/> Alt. Holiday	<input type="checkbox"/> Military	<input type="checkbox"/> Comp. Time															
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Rev. Leave 11/03		Posted by _____ Date _____																																				

DEFINITIONS

- Complete definitions of the various types of leave and the rules governing their use are found in Chapter 5 of the State Personnel Director's Administrative Procedures. Additional information and assistance is also available in agency human resources offices.
- The appointing authority is responsible for approving the use and type of leave.
- The employee is responsible for requesting leave as far in advance as possible and providing sufficient information regarding the reason for the leave.
- Please be accurate. State actual dates and times to be charged as leave. Incorrect information may cause errors and delays in processing an employee's request for leave.

LEAVES

Annual Leave - paid leave typically used for personal/vacation purposes. Required to use concurrently when family/medical leave applies.

Sick Leave - paid leave used for an employee's own medical examinations and treatment, physical inability to work due to pregnancy, illness or injury. Also required to use concurrently with family/medical leave. A *State of Colorado Medical Certification* form is required for an absence of more than three consecutive regularly scheduled full working days or approval of sick leave must be denied (per Colorado statute). It may be required for a lesser period.

STD (Short-Term Disability) Leave - After one year of service, granted while STD benefits are being paid and the employee applies for the STD benefit within 30 days of the beginning of the absence or at least 30 days prior to the exhaustion of all accrued sick leave. Must complete a waiting period or exhaust all accrued sick leave, whichever is longer. During the waiting period, required to use sick leave and annual leave.

Leave Without Pay (LWOP) - The appointing authority may approve unpaid leave. This may result in an adjustment to the probationary or trial service period and/or to the anniversary date.

Administrative Leave - paid leave used for investigation into an employee's conduct, incentive awards, coursework at a higher education institution directly related to the work, to participate in tests and interviews for state positions, to participate in school or community volunteer activities, or other reasons the appointing authority deems for the good of the state.

Funeral Leave - Up to 5 working days for the death of a family member or other person.

Jury Leave - Used when an employee is called to serve jury duty. A copy of the summons for jury duty may be required.

Family/Medical Leave (FML) - After one year of service, up to 520 hours in a fiscal year (prorated for part-time employees) may be used for (1) birth and care of a child, (2) placement and care of an adopted or foster child, (3) a serious health condition of a child, parent, spouse, or (4) the employee's own serious health condition. Use and type of concurrent paid leaves depends on individual circumstances. For additional information, contact the FMLA Coordinator. A *State of Colorado Medical Certificate* form, as described above under sick leave, is often required

FML - annual: use of paid accrued annual leave when sick leave is exhausted or does not apply, including caring for a new child.

FML - sick: use of paid accrued sick leave for an employee's serious health condition, including childbirth and recovery or for a serious health condition of an employee's parent, spouse or child.

FML - STD: use of STD leave for a serious health condition when an employee is eligible for STD benefits.

FML - LWOP: use of unpaid leave during family/medical leave when all other applicable paid leaves are exhausted.

FML - holiday: when a holiday occurs during family/medical leave it counts toward the family/medical leave entitlement.

ABSENCE

Compensatory Time - hours earned for approved overtime work by an eligible employee. Compensatory time is an absence from the work place, but is not a form of leave.